WITH THE FRIENDS' AMBULANCE UNIT IN CHINA

GENERAL PRACTICE AMONG THE HAKKA

BY

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War leads us into strange places, and one of the unexpected occupations it has found for me is being in general practice among the Hakka people of South China. At present my life falls into two phases. In one I look after a hospital for Chinese soldiers and refugees in a large and more or less important city, and in the other, as I say, I am in general practice among the Hakka. The fact that the Cantonese language is used in the city and the Hakka language in the country and that I am no linguist is just one of the little difficulties that go to make life really complicated.

Our Hakka out-patients are mixed up with Cantonese soldiers and a motley collection of beggars and refugees. The latter are usually starving, desperate, and all too often truculent in their demands for money, food, and medical attention. They are a ghastly by-product of war and one feels very sorry for them, but the Hakka villagers are more normal and much more reliable.

The process of taking the temperature had always seemed a simple one to me. The Hakka child has shown me that it can be made almost impossible. When he is presented with a thermometer he is apt to do surprising things—to close his mouth and eyes, to arch his back, and sometimes to start sweating as if in terror. When he is persuaded to open his mouth he usually puts his tongue out and refuses to put it in again. Unfortunately at the moment my grasp of the language is such that I can ask for the tongue to be put out but have not yet learnt the correct way of suggesting that it be withdrawn. When he has the idea that the thermometer is to go under the tongue he usually presses the latter firmly against the palate, keeping the mouth wide open. When finally induced to shut his mouth he is apt to bite the instrument in half with a vicious snap. When at last all seems settled, the patient is quite liable to open his mouth and let the thermometer fall out on to the stone floor! So I have planned, but not yet been able to construct, a special device for taking the temperatures of the Hakka people. Practitioners among other simple people may care to copy. The body of the thermometer is protected from bites by a thin brass tube, and the whole is suspended by a short length of chain from a band previously strapped round the forehead.

"Simple" Dermatology

Many of the patients have skin troubles. I never fancied myself as a dermatologist, but Hakka dermatology is easy. There are three diagnoses—ringworm, scabies, and ulcers of the leg. The ringworm is not atypical but is sometimes very extensive. We see scabies in its grossest forms, though the worst cases occur among the soldiers rather than the villagers. A man comes to us covered from the neck downwards with scabs like the rupia of late secondary syphilis. Sometimes the whole surface of the body is covered with scales and resembles ichthyosis. I believe these types are simply due to secondarily infected scabies, because their disappearance with sulphur treatment is so rapid and so complete. We can buy crude brimstone, by one of the freaks of wartime economics, at less than the current price by weight of rice, and we mix it with pork fat in large quantities. The sufferers are invited to attend a "scabies clinic" on Tuesday, Wednesday, and Thursday afternoons and to bring clean clothes with them. They have a bath first and are then rubbed all over with our ointment, and the worst cases get better. I have also been surprised to find that some of the ulcers resistant to other forms of treatment begin to do well when sulphur is applied to them. Many of these ulcers undoubtedly start where the lesions of scabies are scratched, and it looks as though the scabies may remain active and prevent the ulcer from healing.

The ulcers themselves are quite remarkable. Some of them would create a major sensation if seen in "casualty" at a London teaching hospital. Most of them would be labelled "gummatous" if shown in the Final Conjoint vivis vocibus. As regards the syphilitic aetiology, we do not have the normal laboratory facilities. Our supplies of organic arsenical preparations are small and they have to be reserved for special cases. When simple antiseptic treatment of the ulcer fails and where relapses occur I have several times seen dramatic results follow a single intravenous injection of neoarsphenamine. Varicose veins are relatively uncommon and we do not see the typical "varicose ulcer" so common at home. Most of our cases give a history of trivial trauma: "I struck it with a piece of bamboo"; "I scratched a mosquito bite"; "I was bitten by a chicken"; and so on. The ulcer is then enlarged, secondarily infected, and prevented from healing by the repeated application of filthy poultices purchased from the village herbalist or concocted according to the recipe of a misguided neighbour. These are usually composed of vegetable matter and resemble stale cow-dung. I believe an enormous number of completely crippling ulcers are caused and maintained in this way alone. In a country where the struggle for existence is always fierce, these ulcers must frequently be the undoing of their unlucky owners.

An ulcer of another type might be called the "beriberi ulcer." It is quite characteristic, and I have seen half a dozen in the last six months. It is roughly rectangular in shape and about 6 in. by 2½ in. on the dorsal aspect of the foot, extending above and behind the lateral malleolus, which sometimes escapes and has an island of intact skin upon it. The ulcer was in one case bilateral. The patient always gives the same history. He had swelling of the feet—beriberi is very common in this district—and applied Chinese medicine in an attempt to cure this. I do not know of what this particular application consists, but it acts like strong caustic soda, and the sufferer comes to us after about a week with a dead white area of skin like chamois leather covering the area described. In a few days this separates, leaving a deep ulcer in which the extensor tendons may be fully exposed. In one case the whole foot had become so grossly infected that I felt obliged to amputate, but the patient, who was much the worse for starvation and septic absorption, did not survive. A case I am treating at the moment has been dressed daily since before the slough separated and has been on a good diet. The ulcer was very large, but with antiseptic dressings (Dakin's solution at first and later acriflavine) secondary infection has been minimized and epithelization is proceeding so rapidly that the skin-grafting which I at first contemplated now seems superfluous.

Settling the Bill

Many of the patients to whom we give free treatment bring presents with them—eggs, sweet potatoes, nondescript vegetables, peculiar sodden pink cakes, and so on. Often these are the spontaneous expression of a sincere appreciation for what has been done. One man, from whose upper lip I had removed a peculiar adenomatous tumour, said thank you with fifteen eggs and a plateful of litchis. I soon discovered, however, that in some cases the real significance of the presents was that the sufferer was anxious to give a gentle hint to the doctor to try a little harder. Surely a doctor who had been put under a sense of obligation by receiving a dozen eggs would feel bound to make even more desperate efforts to effect a rapid cure! One old lady with severe corneal opacities for which I could do nothing brought me an embarrassingly large offering of fruit and vegetables, but I persuaded her to take most of them away again.

Sometimes the doctor goes visiting. Passing through a Hakka village he is quickly recognized and a commotion follows. He is besought to come and advise about the local sick. On these occasions one never knows what to expect. The most ghastly spectacle may suddenly be brought out of some dark back room for inspection. Once I found a 16-year-old girl who had had an ulcer for two years. It three-quarters encircled the leg at the middle of the calf and had eaten deeply into the muscles, which were partly gangrenous and stinking. This had been caused by a small injury and prevented from healing in the usual way—the continuous applications of filthy poultices. From chronic toxic absorption the girl appeared almost moribund, was quite unable to stand, was in great pain, as well as being a nuisance to the whole village on account of the smell. We arranged to have her carried in a basket to our dressing room, where I cut away without anaesthesia a large quantity of dead muscle. It was then possible for her to arrange to live near by and to come in daily for dressings. As she is one of our more successful cases, I say boastfully that she now walks unaided, her ulcer is very much smaller—there will always be a contracture of the muscle—she is fatter, and definitely possesses that certain something called "S.A."

The effect of applying microcrystalline sulphonamides to the monkey's brain was examined with the aid of electro-encephalography by H. Jasper and his colleagues (*Surg. Gynec. Obstet.*, 1943, **76**, 599). It was observed that sulphathiazole directly applied to the cerebral cortex resulted in convulsions which developed into generalized epileptic seizures. Intravenous injection of sodium sulphathiazole produced convulsions with a concentration of the unconjugated drug of over 80 mg. per 100 c.cm. When the drug was one-quarter and one-half this amount excitatory effects could be observed in the electro-encephalogram. The local application of sulphanilamide, sulphapyridine, and sulphadiazine to the uninjured cortex was without effect. The authors recommend a combination of sulphanilamide and sulphadiazine for local application to the brain.